

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040760

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 245

Primary Registration District No. 4366

Registrar's No. 141

FILED OCT 28 1963

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby		c. CITY OR TOWN Granby	
Length of stay in 1b Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) None	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Earl Middle Rudolph Last Ping			4. DATE OF DEATH Month Oct. Day 23 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-2-1891	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead Mines		11. BIRTHPLACE (City and state or country) Granby, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William Ping		13b. MOTHER'S MAIDEN NAME Ida Adkins	
14. NAME OF HUSBAND OR WIFE Anna Ping		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Anna Ping Granby, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure		INTERVAL BETWEEN ONSET AND DEATH 5 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Basilar encephalomalacia		3 weeks	
DUE TO (c) Arteriosclerosis generalized				over 6 mo.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9:40 a.m. P.M. Month, Day, Year March 1961	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Granby, Missouri	
21. I attended the deceased from March 1961 to 10-23-63 and last saw her/him alive on 10-23-63 Death occurred at 9:40 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 10-24-63	
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Granby, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-25-1963	23c. NAME OF CEMETERY OR CREMATORY Granby Memorial	
23d. LOCATION (City, town, or county) Granby, Missouri		23e. REGISTRAR'S SIGNATURE Naydene Kelka	
24. FUNERAL DIRECTOR Shewmake Funeral Home Granby, Mo.		25. DATE RECD. BY LOCAL REG. 10-26-63	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300 Rev. 4/59	DATE AMENDED	ITEM NO.
10730		
20730		
3		
4		
5		
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332x		
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11		
1290-2		
13		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Thos E. Shewmbe Jr

Licensed Embalmer No.

4923

P. O. Address

Box 218 Sandy Masson 64844

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.